PTO/SB/06 (07-06)

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U.S. Patent and Tradent Africa (U.S. Patent and Tradent Office; U.S. Despending of information unless it iterates a valid OMS control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/810,577			ling Date 29/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED .von	N/A		N/A	ILL (a)		N/A	TEE (0)
┝	(37 CFR 1.16(a), (b), o	or (c))	-						ł		
Ë	(37 CFR 1.16(k), (i), of EXAMINATION FE		N/A		N/A		N/A		l	N/A	
TO	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A		l	N/A	
(37	CFR 1.16(i))		minus 20 = *			IJ	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR		1							
* If t	the difference in colu	umn 1 is less than	zero, ente	r "0" in column 2.			TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)										ER THAN ALL ENTITY	
AMENDMENT	02/01/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ğΙ	Total (37 CFR 1.16())	• 22	Minus	 22	= 0	l	X \$25 =	0	OR	x s =	
Ľ١	Independent (37 CFR 1.16(h))	• 2	Minus	***3	= 0	l	X \$105 =	0	OR	x s =	
Ĭ.	Application Size Fee (37 CFR 1.16(s))										
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	=	H	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		l	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))					H]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							·	OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "20". "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3". The "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3". The "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or Patients of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450.